

UNITED STATES HOUSE OF REPRESENTATIVES 2013 FINANCIAL DISCLOSURE STATEMENT

For Use by Members, Officers, and Employees

Form A

LEGISLATIVE RESOURCE CENTER

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Name: Janice D. Schukowsky Daytime Telephone _____

2014 MAY 14 PM 4:24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

FILER STATUS	<input checked="" type="checkbox"/> Member of or Candidate for U.S. House of Representatives	State: <u>IL</u> District: <u>9</u>	<input type="checkbox"/> Officer or Employee	Employing Office: _____
REPORT TYPE	<input checked="" type="checkbox"/> 2013 Annual (Due: May 15, 2014)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination Date: _____	

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <u>or</u> b. Make more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$350 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$350 in value from a single source during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	

IPO, EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO - Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
EXEMPTION - Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Janice D Shekarsky

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BLOCK A Asset and/or Income Source		BLOCK B Value of Asset													BLOCK C Type of Income							BLOCK D Amount of Income												BLOCK E Transaction		
SP, DC, JT	ASSET NAME	A	B	C	D	E	F	G	H	I	J	K	L	M	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	P, S, S(part), or E	
	Small Cap World Fund Class A																																			S
	AIM for Export Fund																																			
	Bright Start College Fund																																			
	Franklin Strategic																																			
	Services Technology																																			
	American High Income Trust																																			
	Class A																																			
	Intermediate Bond Fund																																			
	America Class A																																			
	Bank of America Checking																																			
	Northwestern Mutual Money																																			
	Wells Fargo Cash																																			
	Directus Ins Deposit Plan																																			
	Patnam Equity Inc.																																			
	America Fund Inc Class A																																			

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Use additional sheets if more space is required.

SCHEDULE B - TRANSACTIONS

Name: Janet D. Shekowsky

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SP, DC, JT		Type of Transaction				Check Box if Capital Gain Exceeded \$200	Date (MM/DD/YYYY) or Quarterly, Monthly, or Bi-weekly, if applicable	Amount of Transaction										
SP	Example	Purchase	Sale	Partial Sale	Exchange			A	B	C	D	E	F	G	H	I	J	K
	Mega Corp. Stock			X		X	3/5/13		X									
	Walt Disney Company		X				9/14/13	X										
	Starbucks Corp.		X				9/14/13	X										
	Walgreens Company		X				9/14/13	X										
	ALM Investco		X				9/14/13	246										

SCHEDULE D - LIABILITIES

Name: June D Skolovsky

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,001-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-\$5,000,000	\$5,000,001-\$25,000,000	\$25,000,001-\$50,000,000	Over \$50,000,000	Over \$1,000,000* (Spouse/DC Liability)
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE				X							
SP	Citibank A Advantage	12/2013	Credit Card			X								
SP	Chase Credit Card	12/2013	Credit Card	X										
JT	Chase	5/2013	Mortgage Refi (Wase) (Mortgage, Everard, IL)					X						
JT	Chase	3/2013	Mortgage, Dover, Delaware Shore Dr. Nicky's Home				X							
JT	Devon Bank	10/2013	Home equity loan (increased)		X									

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions listed in Schedule C; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Position	Name of Organization
Advisory Board	Interfaith House
Advisory Board	Fred Fund
Advisory Board	Midwest Palliative and Hospice Care Center
Advisory Board	Illinois Women's Institute for Leadership
Advisory Board	Between Friends
Advisory Board	Wilbur Wright College - HIV / STI Prevalence - Educational

SCHEDULE D - LIABILITIES

Name: Janice D Schekowsky

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Type of Liability	Amount of Liability										
				A	B	C	D	E	F	G	H	I	J	K
				\$10,001-\$15,000										
				\$15,001-\$50,000										
				\$50,001-\$100,000										
				\$100,001-\$250,000				X						
				\$250,001-\$500,000										
				\$500,001-\$1,000,000										
				\$1,000,001-\$5,000,000										
				\$5,000,001-\$25,000,000										
				\$25,000,001-\$50,000,000										
				Over \$50,000,000										
				Over \$1,000,000* (Spouse/DC Liability)										
Example	First Bank of Wilmington, DE	5/98	Mortgage on Rental Property, Dover, DE					X						
	Bank of America	12/97 12/98/1/99	credit card		X									

SCHEDULE E - POSITIONS

Report all positions compensated or uncompensated held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in technical positions held in any technical school, national or political entities, such as political parties and campaign organizations, and positions solely of an advisory nature.

Position	Name of Organization
Policy Council Member	Citizen Action Illinois
Advisory Committee	Public Pride Alliance
Honorary Board	Friends of Tsad Kadima
Board Member	International Labor Rights Forum

SCHEDULE F - AGREEMENTS

Name: Janice D Skolonsky Page 9 of 11

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer

Date	Parties to Agreement	Terms of Agreement
Dec 1998	State of IL - Jan Skolonsky	continued participation in State Pension Plan

SCHEDULE G - GIFTS

Report the source (including name, city, and state), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or a dependent child from any source during the year. Exclude: Gifts from relatives; gifts of personal hospitality from an individual; local meals; and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

Source	Description	Value
Example Mr. Joseph Smith, Arlington, VA	Silver Platter (determination of personal friendship received from the Ethics Committee)	\$400

Name: Janice Schakowsky Page 10 of 11

EXCLUDE: Privately-sponsored travel approved by the Ethics Committee, if post-travel disclosure was filed with the Clerk; travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

[illegible]

SCHEDULE I - PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: Tanica D. Shekowsky

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list the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

[illegible]